

# Uniformed Services University of the Health Sciences Check-In Sheet

Individuals entering on duty are required to check in with the activities listed below.

NAME: (Last, First, Middle Initial) \_\_\_\_\_

Grade \_\_\_\_\_

Check Appropriate Box:

Student     Faculty     Staff     Civilian     Volunteer     Contractor

Position Title \_\_\_\_\_ Appt Type \_\_\_\_\_

NTE (If applicable) \_\_\_\_\_

Room	EXT	Division	Initial	Date
A1022	3142	Civilian Human Resources  EOD Papers TIAA/CREF Welcome Video		
A1030	3028	General Counsel  SF-278/OGC Form 450 Standards of Conduct		
UP001	3033	Security Parking Sticker Finger Printing  ID Card	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
A2020	3535	EHS		